

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

RAJAN A. JAISINGHANI

Serial No.:

10/618,457

Examiner:

CHIESA, RICHARD L

Filed:

14 July 2003

Art Unit:

1724

For:

LOW PRESSURE DROP DEEP ELECTRICALLY ENHANCED FILTER

AMENDMENT

Paper No. 7

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the non-final Office action(Unnumbered Paper) mailed on 16 May 2005, entry of the entry of the following amendments and remarks, re-examination and reconsideration are respectfully requested.

Folio: P56907 Date: 10/17/05 I.D.: REB/fw

ELANTARONE RELOGATION CONTRACTOR EDVOYS - 2012 223

69- 105 + 5

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL EN		OR	OTHER SMALL		
TOTAL CLAIMS			97					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TO	TAL CHARGEAE	BLE CLAIMS	97 minus 20=		· 77			X\$ 9=	693	OR	X\$18=		
IND	EPENDENT CL	AIMS	/2 minus 3 =		9			X43=	378	OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A	1-1-11-	CLAIMS REMAINING AFTER /		HIGH NUM PREVIO	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL . FEE		RATE	ADDI- TIONAL FEE	
	Total	* AMENDMENT	Minus	-9	<u> </u>	=27	1	X\$ 9=	675	OR	X\$18=		/
	Independent	.18	Minus	70	2	[= <u>[</u>		X43=	6C	OR	X86=	/	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
								TOTAL ADDIT, FEE	127	QR	TOTAL ADDIT. FEE	/_	
(Column 1) (Column 2) (Column 3)										シ	_	<u> </u>	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	<u>.</u>	
	Independent	*	Minus	###		=		X43=		OR	X86=		Ì
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		ل	+145='		OR	200		Ì
								TOTAL		OR	TOTAL		ł
								ADDIT. FEE		10	ADDIT, FEE		1
		(Column 1)			ımn 2) HEST	(Column :	<u>"</u>		LADDI	1		ADDI-	ł
AMENDMENT C		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE.	TIONAL	
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=]
	Independent	•	Minus	***		<u> -</u>	4.	X43=		OF	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	000		1
	If the cottor in column 3 is less than the entry in column 2, write "0" in column 3.								4	TOTAL		1	
	* If the entry in column 1 is less than the entry in column 2, write 0 in column 2. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												